

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

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 FOR SE OF FORM 24/48

| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|-------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Parker H Morrow | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 31 / 2014 | |
| Mailing Address 506 N Horton Street | | Amount 90.00 | |
| City Searcy | State AR | Zip Code 72143 | Transaction ID : 2cace1c4-20a7-42a8-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 72382.59 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Parker H Morrow | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 31 / 2014 | |
| Mailing Address 506 N Horton Street | | Amount 61.80 | |
| City Searcy | State AR | Zip Code 72143 | Transaction ID : eccde826-fafa-4251-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 72382.59 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|------------------------------------------------------------|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 151.80 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 03 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ | |
| | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | |

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|---------------------------------------------------------|-------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee Claire A Smith | | | Date of Public Distribution/Dissemination | | |
| Mailing Address 6610 Walcott Rd | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 08 / 31 / 2014 </div> | | |
| City Paragoud | State AR | Zip Code 72450 | Amount 20.00 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Transaction ID : 18efad22-d2d1-4638-a Date of Disbursement or Obligation | | |
| Name of Federal Candidate Mr. Mark L Pryor | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

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|---------------------------------------------------------|-------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee Claire A Smith | | | Date of Public Distribution/Dissemination | | |
| Mailing Address 6610 Walcott Rd | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 08 / 31 / 2014 </div> | | |
| City Paragoud | State AR | Zip Code 72450 | Amount 3.00 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Transaction ID : cf1f2cd7-ccfc-4296-a Date of Disbursement or Obligation | | |
| Name of Federal Candidate Mr. Mark L Pryor | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

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|--------------------------------------------------------------------|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 23.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 62
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|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|-----------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Jackson S Tuttle | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 31 / 2014 | |
| Mailing Address 404 Chancery Park Ct | | Amount 35.00 | |
| City Kernersville | State NC | Zip Code 27284 | Transaction ID : f69432e4-1d2c-413d-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 275139.64 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-----------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Jackson S Tuttle | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 31 / 2014 | |
| Mailing Address 404 Chancery Park Ct | | Amount 6.00 | |
| City Kernersville | State NC | Zip Code 27284 | Transaction ID : 4be51a67-6d75-4ad1-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 275139.64 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|------------------------------------------------------------|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 41.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|-------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Heather N Montgomery | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 31 / 2014 | |
| Mailing Address 106 Wyncrest Ct | | Amount 50.00 | |
| City Hendersonville | State TN | Zip Code 37075 | Transaction ID : 35978a26-cda8-4dd7-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 72382.59 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Kinsey E Beck | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 31 / 2014 | |
| Mailing Address 103 Glenhaven Ct | | Amount 50.00 | |
| City Harvest | State AL | Zip Code 35749 | Transaction ID : 4255f09b-9edc-463b-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 72382.59 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-----------------------------------------------------------|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 100.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee Kinsey E Beck | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 31 / 2014</div> </div> | | |
| Mailing Address 103 Glenhaven Ct | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">55.50</div> | | |
| City Harvest | State AL | Zip Code 35749 | Transaction ID : 1af0cfa4-c861-4487-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 31 / 2014</div> </div> | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Name of Federal Candidate Mr. Mark L Pryor <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">72382.59</div> | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

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|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee Christopher Marquess | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 31 / 2014</div> </div> | | |
| Mailing Address 110 W Pecan St | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div> | | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : 6190724c-0010-4d60-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 31 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Name of Federal Candidate Ms. Mary L Landrieu <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">102990.77</div> | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

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| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">95.50</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Christopher Marquess | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 31 / 2014</div> </div> | |
| Mailing Address 110 W Pecan St | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">28.50</div> | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : 4473dfac-d791-4b20-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 31 / 2014</div> </div> |
| Purpose of Expenditure Mileage | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">102990.77</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

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| Full Name of Payee Tammay Williams | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 31 / 2014</div> </div> | |
| Mailing Address 924 N. Prieur St | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div> | |
| City New Orleans | State LA | Zip Code 70116 | Transaction ID : 8d033e8e-a87d-40ef-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 31 / 2014</div> </div> |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">102990.77</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

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|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">108.50</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|--------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Tammy Williams | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 31 / 2014 | |
| Mailing Address 924 N. Prieur St | | Amount 9.00 | |
| City New Orleans | State LA | Zip Code 70116 | Transaction ID : b8da47a7-65db-46ee-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 102990.77 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee Joneisha Stewart | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 31 / 2014 | |
| Mailing Address 2329 Runnymede Dr | | Amount 40.00 | |
| City Marrero | State LA | Zip Code 70072 | Transaction ID : b5107c09-10ee-48ef-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 102990.77 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-------------------------------------------------------------|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 49.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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| Full Name of Payee Jacob L Colbert | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 31 / 2014</div> </div> | | |
| Mailing Address 49 Sharon Circle | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15.00</div> | | |
| City Greenbrier | State AR | Zip Code 72058 | Transaction ID : 2dd0a01a-5e61-4d92-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 31 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | Name of Federal Candidate Mr. Mark L Pryor | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">72382.59</div> | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | |

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|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee Jacob L Colbert | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 31 / 2014</div> </div> | | |
| Mailing Address 49 Sharon Circle | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11.40</div> | | |
| City Greenbrier | State AR | Zip Code 72058 | Transaction ID : 793909b7-f74d-4318-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 31 / 2014</div> </div> | | |
| Purpose of Expenditure Mileage | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | Name of Federal Candidate Mr. Mark L Pryor | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">72382.59</div> | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | |

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|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">26.40</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|-------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Kaleigh J Wagner | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 31 / 2014 | |
| Mailing Address 18065 Wayne Rd | | Amount 80.00 | |
| City Odessa | State FL | Zip Code 33556 | Transaction ID : 9b84a65b-25eb-41bc-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 72382.59 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee Randy M Gold | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 31 / 2014 | |
| Mailing Address 1436 Haigs Creek Dr | | Amount 80.00 | |
| City Elgin | State SC | Zip Code 29045 | Transaction ID : b86f04f7-1c66-4f5b-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 72382.59 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|-----------------------------------------------------------|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 160.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 03 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Randy M Gold | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 31 / 2014</div> </div> | |
| Mailing Address 1436 Haigs Creek Dr | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">64.08</div> | |
| City Elgin | State SC | Zip Code 29045 | Transaction ID : 8616672d-2881-45e4-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 31 / 2014</div> </div> |
| Purpose of Expenditure Mileage | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">72382.59</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Francis Richardson | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 31 / 2014</div> </div> | |
| Mailing Address 220 Doucet Rd | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div> | |
| City Lafayette | State LA | Zip Code 70503 | Transaction ID : 9af37818-b4a9-489e-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 31 / 2014</div> </div> |
| Purpose of Expenditure Salary | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">102990.77</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">84.08</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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09 / 03 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> | |

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|---------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Full Name of Payee Francis Richardson | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 31 / 2014 | |
| Mailing Address 220 Doucet Rd | | Amount 1.44 | |
| City Lafayette | State LA | Zip Code 70503 | Transaction ID : 09e4554b-40f7-4b8a-8 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Full Name of Payee ERIC TABARY | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 31 / 2014 | |
| Mailing Address 6101 NORA ST | | Amount 75.00 | |
| City METAIRIE | State LA | Zip Code 70003 | Transaction ID : 6dce0dd7-1e92-4f56-b |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 76.44 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| PAGE | 12 | OF | 62 |
| FOR SE OF FORM 24/48 | | | |

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|-------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Full Name of Payee ERIC TABARY | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 31 / 2014 | |
| Mailing Address 6101 NORA ST | | Amount 1.80 | |
| City METAIRIE | State LA | Zip Code 70003 | Transaction ID : 964401c9-1be1-4909-9 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 102990.77 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee Mr. Elizabeth Allison | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 31 / 2014 | |
| Mailing Address 157 Bishop Drive | | Amount 31.00 | |
| City Avondale | State LA | Zip Code 70094 | Transaction ID : 67b3f8ff-4d1d-43cf-8 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 102990.77 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-------------------------------------------------------------|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 32.80 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 13 OF 62
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|-----------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Mr. Elizabeth Allison | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 31 / 2014 | |
| Mailing Address 157 Bishop Drive | | Amount 4.20 | |
| City Avondale | State LA | Zip Code 70094 | Transaction ID : b6951e1a-9b1a-4941-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 102990.77 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-----------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Vonniqua Jackson | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 31 / 2014 | |
| Mailing Address 111 Westchester Blvd Apt D4 | | Amount 50.00 | |
| City Slidell | State LA | Zip Code 70458 | Transaction ID : 4a4576ab-6f12-46e8-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 102990.77 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-----------------------------------------------------------|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 54.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 03 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 14 OF 62
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|---------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Kelly Dolan | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 31 / 2014 | |
| Mailing Address 543 S 2nd St | | Amount 60.00 | |
| City Bellaire | State NC | Zip Code 77401 | Transaction ID : a7dd9ba7-8122-469e-b |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| 102990.77 | | | |

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|---------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Kelly Dolan | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 31 / 2014 | |
| Mailing Address 543 S 2nd St | | Amount 9.00 | |
| City Bellaire | State NC | Zip Code 77401 | Transaction ID : 3275f654-65fc-45b1-b |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| 102990.77 | | | |

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|------------------------------------------------------------|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 69.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY
09 / 03 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 15 OF 62
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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| Full Name of Payee Danielle McCoy | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 31 / 2014 | |
| Mailing Address 1025 Cayley Ct | | Amount 20.00 | |
| City High Point | State NC | Zip Code 27260 | Transaction ID : 0fbcd3ba-f50f-45c4-9 |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2014 |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee Danielle McCoy | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 31 / 2014 | |
| Mailing Address 1025 Cayley Ct | | Amount 11.70 | |
| City High Point | State NC | Zip Code 27260 | Transaction ID : 0364d05b-32b3-4e56-a |
| Purpose of Expenditure Mileage | Category/ Type | 002 | Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2014 |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|------------------------------------------------------------|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 31.70 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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| Full Name of Payee Eleanor McCoy | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 31 / 2014</div> </div> | | |
| Mailing Address 4902 Catawba Dr | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">75.00</div> | | |
| City Greensboro | State NC | Zip Code 27407 | Transaction ID : 854aaf45-82f1-454c-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 31 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | | |
| Name of Federal Candidate Ms. Kay Hagan | | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC </div> </div> | | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">275139.64</div> | | |
| | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

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| Full Name of Payee Eleanor McCoy | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 31 / 2014</div> </div> | | |
| Mailing Address 4902 Catawba Dr | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.40</div> | | |
| City Greensboro | State NC | Zip Code 27407 | Transaction ID : 890fd216-ce0e-47bc-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 31 / 2014</div> </div> | | |
| Purpose of Expenditure Mileage | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | | |
| Name of Federal Candidate Ms. Kay Hagan | | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC </div> </div> | | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">275139.64</div> | | |
| | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

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|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">95.40</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|--------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Tylan S Green | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 31 / 2014 | |
| Mailing Address 2320 Saint Nick Dr | | Amount 70.00 | |
| City New Orleans | State LA | Zip Code 70131 | Transaction ID : be987467-f251-4283-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 102990.77 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Tylan S Green | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 31 / 2014 | |
| Mailing Address 2320 Saint Nick Dr | | Amount 10.80 | |
| City New Orleans | State LA | Zip Code 70131 | Transaction ID : 509a567b-cc24-4a6b-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 102990.77 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|------------------------------------------------------------|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 80.80 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 03 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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|----------------------|-------|
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| FOR SE OF FORM 24/48 | |

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|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|-----------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Billy Martin | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 250 JS Brewton rd | | Amount 40.00 | |
| City goldonna | State LA | Zip Code 71031 | Transaction ID : d11d56d5-a24a-4da4-8 |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 102990.77 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-----------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Billy Martin | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 250 JS Brewton rd | | Amount 3.90 | |
| City goldonna | State LA | Zip Code 71031 | Transaction ID : 1b5579d0-53f1-44ce-b |
| Purpose of Expenditure Mileage | | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 102990.77 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-------------------------------------------------------------|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 43.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 03 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| PAGE | 19 | OF | 62 |
| FOR SE OF FORM 24/48 | | | |

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|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Full Name of Payee Brenda L Dawson | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 6021 General Samuel Rd | | Amount 25.00 | |
| City Jacksonville | State AR | Zip Code 72076 | Transaction ID : c9cb8eba-0947-4c64-a |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 72382.59 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Full Name of Payee Brenda L Dawson | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 6021 General Samuel Rd | | Amount 5.40 | |
| City Jacksonville | State AR | Zip Code 72076 | Transaction ID : 0a1a1c6c-e6cd-49b1-9 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 72382.59 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-------------------------------------------------------------|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 30.40 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 03 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 20 OF 62
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---------------------------------------------------------|-------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Lorri Anderson | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 7214 Duchamp Dr | | Amount 40.00 | |
| City Charlotte | State NC | Zip Code 23215 | Transaction ID : 148773a7-f41e-4164-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 275139.64 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|---------------------------------------------------------|-------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Lorri Anderson | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 7214 Duchamp Dr | | Amount 9.60 | |
| City Charlotte | State NC | Zip Code 23215 | Transaction ID : b0f095ac-d3f7-4389-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 |
| Purpose of Expenditure Mileage | | Category/ Type 002 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 275139.64 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--------------------------------------------------------------------|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 49.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 03 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div> | |

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|---------------------------------------------------------|-------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee Jackson S Tuttle | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | | |
| Mailing Address 404 Chancery Park Ct | | | Amount 30.00 | | |
| City Kernersville | State NC | Zip Code 27284 | Transaction ID : b407c2c4-b969-4c57-9 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | | |
| Name of Federal Candidate Ms. Kay Hagan | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | |
| Office Sought: District: 00 State: NC | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |
| Calendar Year-To-Date Per Election for Office Sought | | | 275139.64 | | |

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|---------------------------------------------------------|-------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee Jackson S Tuttle | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | | |
| Mailing Address 404 Chancery Park Ct | | | Amount 9.00 | | |
| City Kernersville | State NC | Zip Code 27284 | Transaction ID : be799938-ea15-4e6d-9 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | | |
| Name of Federal Candidate Ms. Kay Hagan | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | |
| Office Sought: District: 00 State: NC | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |
| Calendar Year-To-Date Per Election for Office Sought | | | 275139.64 | | |

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|--------------------------------------------------------------------|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 39.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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 09 / 03 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
|-----------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |

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|---------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Christine B Long | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014 | |
| Mailing Address 3121 Charleycote Dr | | Amount 40.00 | |
| City Raleigh | State NC | Zip Code 27614 | Transaction ID : 8ae07937-daa0-418b-a |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: <u>00</u> State: <u>NC</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Christine B Long | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014 | |
| Mailing Address 3121 Charleycote Dr | | Amount 8.91 | |
| City Raleigh | State NC | Zip Code 27614 | Transaction ID : 3970549c-6969-405d-b |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: <u>00</u> State: <u>NC</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--------------------------------------------------------------------|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 48.91 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 03 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 23 OF 62
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|-------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Eric Wilson | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 907 Randall Drive | | Amount 30.00 | |
| City Searcy | State AR | Zip Code 72149 | Transaction ID : c8e0cd02-1328-4993-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 72382.59 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|-------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Eric Wilson | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 907 Randall Drive | | Amount 21.60 | |
| City Searcy | State AR | Zip Code 72149 | Transaction ID : a7c87f74-eddc-4026-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 72382.59 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|-----------------------------------------------------------|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 51.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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09 / 03 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 24 OF 62
FOR SE OF FORM 24/48

| | | | |
|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|-----------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Lucas H Hoyle | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 282 Falls Ave | | Amount 50.00 | |
| City Granite Falls | State NC | Zip Code 28630 | Transaction ID : 8e5d3fbf-5bd0-4b5d-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 275139.64 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-----------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Lucas H Hoyle | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 282 Falls Ave | | Amount 57.90 | |
| City Granite Falls | State NC | Zip Code 28630 | Transaction ID : cc15895c-a26f-4a78-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 275139.64 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-------------------------------------------------------------|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 107.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
09 / 03 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 25 OF 62
FOR SE OF FORM 24/48

| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|--------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Timothy Foley | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 20679 Glenbrook Terrace | | Amount 25.00 | |
| City Sterling | State VA | Zip Code 20165 | Transaction ID : 6a2e98d9-bc18-42d1-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 275139.64 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Virginia M Stevens | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 1691 Fork Mtn Rd | | Amount 40.00 | |
| City Bakersville | State NC | Zip Code 28705 | Transaction ID : 46644452-98c3-41ac-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 275139.64 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|------------------------------------------------------------|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 65.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
09 / 03 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 26 OF 62
FOR SE OF FORM 24/48

| | | | |
|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|-----------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Virginia M Stevens | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 1691 Fork Mtn Rd | | Amount 18.90 | |
| City Bakersville | State NC | Zip Code 28705 | Transaction ID : 146025fe-713f-4aa3-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 |
| Purpose of Expenditure Mileage | | Category/Type 002 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 275139.64 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-----------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Misty A Ledford | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 44 Bell St | | Amount 40.00 | |
| City Spruce Pine | State NC | Zip Code 28777 | Transaction ID : 75428c9b-24d7-43be-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 |
| Purpose of Expenditure Salary | | Category/Type 001 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 275139.64 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|------------------------------------------------------------|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 58.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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09 / 03 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---------------------------------------------------------|-------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Misty A Ledford | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 44 Bell St | | Amount 18.90 | |
| City Spruce Pine | State NC | Zip Code 28777 | Transaction ID : 5d7c9737-817a-4756-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 |
| Purpose of Expenditure Mileage | | Category/Type 002 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 275139.64 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

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|---------------------------------------------------------|-------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Malinda Ledford | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 44 Bell Street Ext | | Amount 40.00 | |
| City Spruce Pine | State NC | Zip Code 28777 | Transaction ID : 5d1ae91e-2fa7-4b89-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 |
| Purpose of Expenditure Salary | | Category/Type 001 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 275139.64 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--------------------------------------------------------------------|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 58.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 03 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| FOR SE OF FORM 24/48 |

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|-----------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Malinda Ledford | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 44 Bell Street Ext | | Amount 18.90 | |
| City Spruce Pine | State NC | Zip Code 28777 | Transaction ID : 4b2ff46a-6f8a-46e7-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 275139.64 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|----------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Cari A Stevenson | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 12312 Summer Cemetary Rd | | Amount 20.00 | |
| City Cabot | State AR | Zip Code 72023 | Transaction ID : a80856f5-ef41-4fa5-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 72382.59 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|-------------------------------------------------------------|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 38.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| PAGE | 29 | OF | 62 |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Cari A Stevenson | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 12312 Summer Cemetary Rd | | Amount 3.60 | |
| City Cabot | State AR | Zip Code 72023 | Transaction ID : d843bb33-0ce4-48b5-9 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought 72382.59 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Theresa a Youngblood | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 102 S Main Street Apt A2 | | Amount 60.00 | |
| City Berryville | State VA | Zip Code 22611 | Transaction ID : 2d2bf9ac-5730-44f4-b |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 275139.64 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|------------------------------------------------------------|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 63.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 30 OF 62
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|-----------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Francesca Blom | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 101 Asbury Ct | | Amount 100.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 9bd1ce7d-b66a-47ef-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 275139.64 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|----------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Lindsey N Rose | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 615 Live Oak Dr | | Amount 40.00 | |
| City searcy | State AR | Zip Code 72143 | Transaction ID : db81bdeb-7c3a-43e9-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 72382.59 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|------------------------------------------------------------|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 140.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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09 / 03 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 31 OF 62
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| | | | |
|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|--------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Jennifer E Smith | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 4967 Dysartsville Rd | | Amount 80.00 | |
| City Morganton | State NC | Zip Code 28655 | Transaction ID : 8bdf1b86-2595-40ac-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 275139.64 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Jennifer E Smith | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 4967 Dysartsville Rd | | Amount 6.00 | |
| City Morganton | State NC | Zip Code 28655 | Transaction ID : f3942306-a159-4d10-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 275139.64 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|------------------------------------------------------------|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 86.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 03 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div> | |

| | | | | | |
|---------------------------------------------------------|-------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee Eric J Smith | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | | |
| Mailing Address 4967 Dysartville | | | Amount 80.00 Transaction ID : ba50b651-9045-4199-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | | |
| City Morganton | State NC | Zip Code 28655 | | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Kay Hagan | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

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|---------------------------------------------------------|-------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee Lisa Miller | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | | |
| Mailing Address 718 Azalea Dr. Unit 453 | | | Amount 43.00 Transaction ID : 830de004-2013-4064-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | | |
| City Hampstead | State NC | Zip Code 28443 | | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Kay Hagan | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

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|--------------------------------------------------------------------|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 123.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|-----------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Lisa Miller | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 718 Azalea Dr. Unit 453 | | Amount 3.72 | |
| City Hampstead | State NC | Zip Code 28443 | Transaction ID : d3c31e1a-9a7b-4573-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 275139.64 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-----------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee ERIC TABARY | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 6101 NORA ST | | Amount 40.00 | |
| City METAIRIE | State LA | Zip Code 70003 | Transaction ID : 7cb92bc0-e5b3-4d90-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 102990.77 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|------------------------------------------------------------|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 43.72 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee ERIC TABARY | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> | |
| Mailing Address 6101 NORA ST | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.50</div> | |
| City METAIRIE | State LA | Zip Code 70003 | Transaction ID : cac4ec4f-c12c-48da-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> |
| Purpose of Expenditure Mileage | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

102990.77

| | | | |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Lindsey E Helms | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> | |
| Mailing Address 301 N Clinic Apt 3 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div> | |
| City Searcy | State AR | Zip Code 72143 | Transaction ID : feaa7810-61a8-42ee-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> |
| Purpose of Expenditure Salary | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

72382.59

| | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">41.50</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 03 / 2014

Signature

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|----------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Lindsey E Helms | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 301 N Clinic Apt 3 | | Amount 21.90 | |
| City Searcy | State AR | Zip Code 72143 | Transaction ID : 2d2bfd06-cbaa-4f27-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 72382.59 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-----------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Christopher Marquess | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 110 W Pecan St | | Amount 50.00 | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : e0588d1b-cede-4f74-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 102990.77 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-------------------------------------------------------------|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 71.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 03 / 2014

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|--------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Christopher Marquess | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 110 W Pecan St | | Amount 30.60 | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : daff76ae-8d4e-4f0c-a |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 102990.77 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee Lisa Booth | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 1434 South Avenue | | Amount 100.00 | |
| City Eden | State NC | Zip Code 27288 | Transaction ID : b105c5d6-4fae-4339-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 275139.64 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-----------------------------------------------------------|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 130.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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09 / 03 / 2014

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Lisa Booth | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> | |
| Mailing Address 1434 South Avenue | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14.10</div> | |
| City Eden | State NC | Zip Code 27288 | Transaction ID : 81f24a3f-d476-4df9-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> |
| Purpose of Expenditure Mileage | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">275139.64</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

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| Full Name of Payee Bradley K Kissinger | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> | |
| Mailing Address 3113 Imperial Valley Dr. | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35.00</div> | |
| City Little Rock | State AR | Zip Code 72212 | Transaction ID : e0a4d7f2-5616-4a9e-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> |
| Purpose of Expenditure Salary | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">72382.59</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

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| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">49.10</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|---------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee Bradley K Kissinger | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> | | |
| Mailing Address 3113 Imperial Valley Dr. | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13.50</div> | | |
| City Little Rock | State AR | Zip Code 72212 | Transaction ID : 8e8eebd5-13b1-444c-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> | | |
| Purpose of Expenditure Mileage | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | Name of Federal Candidate Mr. Mark L Pryor | | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">72382.59</div> | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

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|---------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee Brandon Wheeler | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> | | |
| Mailing Address 10112 Piney Creek Ct | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div> | | |
| City Charolette | State NC | Zip Code 28215 | Transaction ID : 01f3bdde-9080-4e3d-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | Name of Federal Candidate Mr. Mark L Pryor | | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">72382.59</div> | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

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|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">83.50</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name of Payee Brandon Wheeler | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> | |
| Mailing Address 10112 Piney Creek Ct | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">37.50</div> | |
| City Charolette | State NC | | |
| Purpose of Expenditure Mileage | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | Transaction ID : b31d09e4-1d24-4a37-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> | |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">72382.59</div> | | | |

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| Full Name of Payee Tylan S Green | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> | |
| Mailing Address 2320 Saint Nick Dr | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div> | |
| City New Orleans | State LA | | |
| Purpose of Expenditure Salary | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | Transaction ID : fa269e74-29c4-4888-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">102990.77</div> | | | |

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|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">87.50</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|-----------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Tylan S Green | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 2320 Saint Nick Dr | | Amount 10.20 | |
| City New Orleans | State LA | Zip Code 70131 | Transaction ID : 3a6ddb61-044c-427c-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 |
| Purpose of Expenditure Mileage | | Category/ Type 002 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 102990.77 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-----------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Melissa A Calvert | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 20116 Medus St | | Amount 22.50 | |
| City Covington | State LA | Zip Code 70435 | Transaction ID : 847b43e8-f584-47a7-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 102990.77 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-------------------------------------------------------------|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 32.70 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|--------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Malinda Ledford | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 44 Bell Street Ext | | Amount 40.00 | |
| City Spruce Pine | State NC | Zip Code 28777 | Transaction ID : be4870fc-feb1-44c5-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 275139.64 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Malinda Ledford | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 44 Bell Street Ext | | Amount 18.90 | |
| City Spruce Pine | State NC | Zip Code 28777 | Transaction ID : 355ce5d4-f253-4a20-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 275139.64 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-------------------------------------------------------------|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 58.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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| Full Name of Payee Kenny Wallis | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 6412 Osage Dr | | Amount 55.00 | |
| City North Little rock | State AR | Zip Code 72116 | Transaction ID : b89912b2-5ac3-495c-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 72382.59 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee Kenny Wallis | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 6412 Osage Dr | | Amount 9.54 | |
| City North Little rock | State AR | Zip Code 72116 | Transaction ID : 01757021-2a67-499c-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 72382.59 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|------------------------------------------------------------|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 64.54 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|-----------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Jeanne Tribou | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 22369 Ponderosa Dr. | | Amount 50.00 | |
| City Mandeville | State LA | Zip Code 70471 | Transaction ID : b9c7a553-7eda-4e08-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 102990.77 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-----------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Jeanne Tribou | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 22369 Ponderosa Dr. | | Amount 8.10 | |
| City Mandeville | State LA | Zip Code 70471 | Transaction ID : 2fcace83-b698-4697-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 102990.77 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-------------------------------------------------------------|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 58.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 03 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 44 OF 62
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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| Full Name of Payee Gregory Green | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> | |
| Mailing Address 2506 Bolch Street | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div> | |
| City State Zip Code Shreveport LA 71104 | Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | Transaction ID : 31c2fcc4-cbca-42e3-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">102990.77</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Gregory Green | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> | |
| Mailing Address 2506 Bolch Street | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25.20</div> | |
| City State Zip Code Shreveport LA 71104 | Purpose of Expenditure Mileage | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | Transaction ID : e532cb55-5c90-44a2-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">102990.77</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">105.20</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 03 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 45 OF 62
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|--------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Lily Green | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 205 Medallion Circle | | Amount 80.00 | |
| City Shreveport | State LA | Zip Code 71119 | Transaction ID : f84976ca-496a-486c-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 102990.77 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Full Name of Payee Lily Green | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 205 Medallion Circle | | Amount 25.20 | |
| City Shreveport | State LA | Zip Code 71119 | Transaction ID : 1ffec95-9e9a-48c5-a |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 102990.77 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-------------------------------------------------------------|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 105.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 03 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| FOR SE OF FORM 24/48 | |

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|-----------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Eleanor McCoy | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 4902 Catawba Dr | | Amount 115.00 | |
| City Greensboro | State NC | Zip Code 27407 | Transaction ID : 1e82fee1-a1fe-4348-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 275139.64 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-----------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Eleanor McCoy | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 4902 Catawba Dr | | Amount 23.40 | |
| City Greensboro | State NC | Zip Code 27407 | Transaction ID : 747666d7-48f3-4614-a |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 275139.64 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-------------------------------------------------------------|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 138.40 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div> | |

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|------------------------------------------------------------------------------------------|-------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee Danielle McCoy | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | | |
| Mailing Address 1025 Cayley Ct | | | Amount 115.00 | | |
| City High Point | State NC | Zip Code 27260 | Transaction ID : 35a2b9e5-d86c-41a8-9 | | |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | | |
| Name of Federal Candidate Ms. Kay Hagan | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | | District: 00 State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought 275139.64 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

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|------------------------------------------------------------------------------------------|-------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee Danielle McCoy | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | | |
| Mailing Address 1025 Cayley Ct | | | Amount 21.90 | | |
| City High Point | State NC | Zip Code 27260 | Transaction ID : e9dea767-41e6-4de1-9 | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | | |
| Name of Federal Candidate Ms. Kay Hagan | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | | District: 00 State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought 275139.64 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

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|-------------------------------------------------------------|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 136.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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09 / 03 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |

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| Full Name of Payee Michael Vidrine | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014 | |
| Mailing Address 1103 West Wilson Street | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">65.00</div> | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : 7d0f0334-1640-4efc-a |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div> | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">102990.77</div> | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee Michael Vidrine | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014 | |
| Mailing Address 1103 West Wilson Street | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">28.20</div> | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : 59baf538-b25e-4a56-b |
| Purpose of Expenditure Mileage | Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">002</div> | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">102990.77</div> | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--------------------------------------------------------------------|------------------------------------------------------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">93.20</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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09 / 03 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 49 OF 62
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|---------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Full Name of Payee Chris McCoy | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 1025 Cayley Ct | | Amount 40.00 | |
| City High Point | State NC | Zip Code 27260 | Transaction ID : 3d6756e0-11fd-41db-8 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Full Name of Payee Chris McCoy | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 1025 Cayley Ct | | Amount 14.10 | |
| City High Point | State NC | Zip Code 27260 | Transaction ID : 7de372ae-e33b-4e82-b |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-------------------------------------------------------------|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 54.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 50 OF 62
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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| Full Name of Payee Francis Richardson | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 220 Doucet Rd | | Amount 20.00 | |
| City Lafayette | State LA | Zip Code 70503 | Transaction ID : 80f8bd3b-8876-430e-a |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee Francis Richardson | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 220 Doucet Rd | | Amount 0.90 | |
| City Lafayette | State LA | Zip Code 70503 | Transaction ID : 5de3dcbe-8413-49ab-b |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--------------------------------------------------------------------|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 20.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 03 / 2014

Signature

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|--------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Kelly Dolan | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 543 S 2nd St | | Amount 60.00 | |
| City Bellaire | State NC | Zip Code 77401 | Transaction ID : 3ea22ae6-5893-4d5f-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 102990.77 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Kelly Dolan | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 543 S 2nd St | | Amount 8.10 | |
| City Bellaire | State NC | Zip Code 77401 | Transaction ID : 6b6f5814-2763-4941-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 102990.77 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-------------------------------------------------------------|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 68.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 03 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name of Payee Vonniqua Jackson | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> | |
| Mailing Address 111 Westchester Blvd Apt D4 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div> | |
| City State Zip Code Slidell LA 70458 | Transaction ID : dcb1d47e-c1be-430f-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">102990.77</div> | | | |

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| Full Name of Payee Randy M Gold | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> | |
| Mailing Address 1436 Haigs Creek Dr | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div> | |
| City State Zip Code Elgin SC 29045 | Transaction ID : 29a58754-84fb-419a-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">72382.59</div> | | | |

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|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">110.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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09 / 03 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 53 OF 62
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|-------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Randy M Gold | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 1436 Haigs Creek Dr | | Amount 32.28 | |
| City Elgin | State SC | Zip Code 29045 | Transaction ID : 94567ecd-fd3d-441e-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 72382.59 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Kaleigh J Wagner | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 18065 Wayne Rd | | Amount 50.00 | |
| City Odessa | State FL | Zip Code 33556 | Transaction ID : e372d0b4-4422-474c-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 72382.59 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|------------------------------------------------------------|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 82.28 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 03 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name of Payee Shantal C Culbreath | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> | |
| Mailing Address 4691 Hercules Lane | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div> | |
| City State Zip Code Woodbridge VA 22193 | Transaction ID : 709fd471-0705-45bb-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">275139.64</div> | | | |

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|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name of Payee Holly M Tippet | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> | |
| Mailing Address 595 Saint Gabrielle Dr | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div> | |
| City State Zip Code Florissant MO 63033 | Transaction ID : 6f3b9a0e-a457-4d9f-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">72382.59</div> | | | |

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|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 03 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 55 OF 62
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|-------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Holly M Tippett | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 595 Saint Gabrielle Dr | | Amount 19.71 | |
| City Florissant | State MO | Zip Code 63033 | Transaction ID : d6ac55e9-6c21-412b-a |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 72382.59 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Brenda L McCune | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 1254 Fleming St Apt 6 | | Amount 79.00 | |
| City Conway | State AR | Zip Code 72032 | Transaction ID : b6bf611f-d2b2-47f4-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 72382.59 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-----------------------------------------------------------|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 98.71 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 03 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> | |

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|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name of Payee Brenda L McCune | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014 </div> | |
| Mailing Address 1254 Fleming St Apt 6 | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 19.20 </div> | |
| City State Zip Code Conway AR 72032 | Transaction ID : 34532447-9e03-41ab-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014 </div> | | |
| Purpose of Expenditure Mileage | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 72382.59 </div> | | | |

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|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name of Payee Rebecca A Calvert | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014 </div> | |
| Mailing Address 20116 Medus St | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 22.50 </div> | |
| City State Zip Code Covington LA 70435 | Transaction ID : a94946c4-7223-4c0d-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014 </div> | | |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 102990.77 </div> | | | |

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|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 41.70 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 0.00 </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 41.70 </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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 09 / 03 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|-----------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Rebecca A Calvert | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 20116 Medus St | | Amount 5.22 | |
| City Covington | State LA | Zip Code 70435 | Transaction ID : d1b8aac8-43e1-449d-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 102990.77 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee Matt M Clarke | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 1254 Fleming St Apt 6 | | Amount 40.00 | |
| City Conway | State AR | Zip Code 72032 | Transaction ID : ad64931f-619c-4378-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 72382.59 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|------------------------------------------------------------|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 45.22 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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(Schedule E)PAGE 58 OF 62
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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

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| Full Name of Payee Matt M Clarke | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 |
| Mailing Address 1254 Fleming St Apt 6 | | Amount 20.40 |
| City Conway | State AR | Zip Code 72032 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Transaction ID : 4d839bd9-2543-42f0-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought 72382.59 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

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|-------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Caleb Craig | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 |
| Mailing Address 1410 Bushville drive | | Amount 80.00 |
| City Lenoir | State NC | Zip Code 28645 |
| Purpose of Expenditure Salary | Category/ Type 001 | Transaction ID : 340dc62f-7a00-499c-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 275139.64 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

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|------------------------------------------------------------|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 100.40 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|--------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Caleb Craig | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 1410 Bushville drive | | Amount 60.00 | |
| City Lenoir | State NC | Zip Code 28645 | Transaction ID : 6c983e1f-e53b-4778-a |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 275139.64 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name of Payee Jacob T Craig | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 1410 Bushville Dr | | Amount 90.00 | |
| City Lenoir | State NC | Zip Code 28645 | Transaction ID : 3fd6ad74-0997-4cc5-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 275139.64 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|-------------------------------------------------------------|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 150.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
09 / 03 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 60 OF 62
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| | | | |
|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|-----------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Jacob T Craig | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 1410 Bushville Dr | | Amount 16.20 | |
| City Lenoir | State NC | Zip Code 28645 | Transaction ID : 1f0ec169-7889-4016-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 |
| Purpose of Expenditure Mileage | | Category/Type 002 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 275139.64 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|-----------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Christine Stevens | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014 | |
| Mailing Address 100 Asbury Ct | | Amount 50.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : c15a85a1-f386-4b49-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014 |
| Purpose of Expenditure Salary | | Category/Type 001 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 275139.64 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|------------------------------------------------------------|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 66.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
09 / 03 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Parker H Morrow | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | |
| Mailing Address 506 N Horton Street | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div> | |
| City Searcy | State AR | Zip Code 72143 | Transaction ID : 4dabfe74-dcaf-4de1-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |
| Purpose of Expenditure Salary | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">72382.59</div> | |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Parker H Morrow | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | |
| Mailing Address 506 N Horton Street | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">31.50</div> | |
| City Searcy | State AR | Zip Code 72143 | Transaction ID : c1f5b097-501f-4343-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |
| Purpose of Expenditure Mileage | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">72382.59</div> | |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">71.50</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ | |
| | | <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> C C00530766 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | |

| | | | | |
|------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name of Payee Shelbi L Randall | | | Date of Public Distribution/Dissemination | |
| Mailing Address 202 East Park Ave Apt 40 | | | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | |
| City Searcy | State AR | Zip Code 72143 | Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">45.00</div> | |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">001</div> | Transaction ID : 0bc4ca71-5033-4046-a Date of Disbursement or Obligation | |
| Name of Federal Candidate Mr. Mark L Pryor | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">72382.59</div> | | | | |

| | | | | |
|------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name of Payee Shelbi L Randall | | | Date of Public Distribution/Dissemination | |
| Mailing Address 202 East Park Ave Apt 40 | | | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | |
| City Searcy | State AR | Zip Code 72143 | Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">21.72</div> | |
| Purpose of Expenditure Mileage | | Category/ Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">002</div> | Transaction ID : 6f2c1ed0-0c94-468e-9 Date of Disbursement or Obligation | |
| Name of Federal Candidate Mr. Mark L Pryor | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">72382.59</div> | | | | |

| | |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">66.72</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">4662.02</div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

09

03

2014

Signature